

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of: \_\_\_\_\_ ) Case No.:  
\_\_\_\_\_ )  
\_\_\_\_\_ ) GUARDIAN AD LITEM REPORT  
\_\_\_\_\_ ) RCW 11.88.090  
\_\_\_\_\_ )  
\_\_\_\_\_ ) (RTGAL)

**RECOMMENDATION:** \_\_\_\_\_

**1.0 Procedural History.**

Date of Appointment: \_\_\_\_\_

Date of Service of Copy of Petition on Guardian ad Litem: \_\_\_\_\_

Date Guardian ad Litem's Statement of Qualifications was filed & served: \_\_\_\_\_

I attest that I am on the Guardian ad Litem Registry for this County, have conducted approximately \_\_\_\_\_ Title XI Guardian ad Litem investigations, and am qualified to serve as Guardian ad Litem in Guardianship matters.

**2.0 Medical/Psychological Report.** As required by RCW 11.88.045, I have obtained a written, medical/psychiatric report from \_\_\_\_\_. The report was filed with the Court on \_\_\_\_\_. (*Do not attach medical report to GAL report.*) The examining physician/psychiatrist/ARNP was selected by \_\_\_\_\_. The reason for selecting this individual to prepare the medical/psychiatric report was \_\_\_\_\_.

### 3.0 Meeting(s) with Alleged Incapacitated Person.

Dates of Meetings with Alleged Incapacitated Person	Location of Meeting	Other Persons Present (GAL must meet alone at least once with Alleged Incapacitated Person.)

### 3.1 Personal Information Regarding Alleged Incapacitated Person:

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Current Phone Number  
(with area code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

DSHS Client Number: \_\_\_\_\_

### 3.2 Incapacitated Person's Responses Regarding Specific Issues:

Agreement or objection to appointment of a Guardian: \_\_\_\_\_

Reaction to the proposed Guardian: \_\_\_\_\_

Right to counsel: \_\_\_\_\_

Preferences regarding choice of counsel: \_\_\_\_\_

Right to a jury trial: \_\_\_\_\_

### 3.3 Summary of Interviews with Alleged Incapacitated Person and Guardian and Litem's Impressions.

(Report as closely as possible the Alleged Incapacitated Person's own words when appropriate.)

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### 4.0 Investigation.

#### 4.1 Individuals Contacted

(Name each person contacted and date(s) of contact. Explain the relationship of the interviewed person with the case or Alleged Incapacitated Person and what information that person

*contributed to your understanding the circumstances surrounding the Guardianship Petition).*

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**4.2 Written Materials Reviewed.**

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**5.0 Nature, Cause and Degree of Incapacity – Functional Limitations.**

**5.1 Medical Diagnosis and Cause.**

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**5.2 Degree of Incapacity.**

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**6.0 Alternatives to Guardianship.**

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**7.0 Abilities of Alleged Incapacitated Person and Degree of Assistance Required.**

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**8.0 Recommendation as to Appointment of Guardian.**

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**9.0 Recommendation Regarding Alleged Incapacitated Person's Right to Vote:**

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**10.0 Evaluation of Proposed Guardian:**

**10.1 Dates of Contact Between Guardian ad Litem and Proposed Guardian and  
Written Materials Reviewed:**

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**10.2 Identity and Contact Information Regarding Proposed Guardian:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address  
(if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If Guardian is Certified,  
Provide Certification No.: \_\_\_\_\_

Relationship, if any, between Proposed Guardian and Alleged Incapacitated Person:

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**10.3 Description of Steps Proposed Guardian Has or Intends to Take to Meet the Alleged Incapacitated Person's Needs.**

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**11.0 Recommendation Regarding Advice of Right to Jury Trial.**

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**12.0 Recommendation Regarding Appointment of Independent Counsel**

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**13.0 Estimate of Estate (Based on Available Information).**

Real Property	\$
Cash on Hand	\$
Business	\$
Securities	\$
Mortgages and Notes	\$
Bank/Trust Account	\$
Cash Surrender Value Insurance	\$
Personal Property	\$
Sources of Income	\$
Other:	\$
	\$
	\$
	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>

**14.0 Recommendation Regarding Bond/Annual Reports.** I recommend that:

- ☐ The Court set bond in the amount of \$*[insert text-amount]* .
- ☐ The Court block or restrict access to the following assets: \$*[insert text-amount]*
- ☐ The Guardian file financial reports
- ☐ every year
- ☐ every other year
- ☐ every third year

### 15.0 Recommendation Regarding Presence of Alleged Incapacitated Person at Hearing

The presence of the Alleged Incapacitated Person

☐ should

☐ should not

be waived. \_\_\_\_\_ is

☐ able

☐ unable

to attend the hearing. If unable to attend, please explain the reason(s):

\_\_\_\_\_. The following special arrangements should be made for the hearing (*i.e., removal of hearing site to residence of Alleged Incapacitated Person, provision for hearing assistive devices, etc.*).

### 16.0 Other Recommendations.

### 17.0 Recommendation as to Guardian ad Litem's Continuing Involvement in Future Proceedings.

I recommend that the Guardian ad Litem

☐ be

☐ not be

involved in future proceedings in this matter.

### 18.0 Individuals Who Should Be Advised of Their Right to Request Special Notice of Proceedings Pursuant to RCW 11.92.150.

Name, Title and Address	Relationship to Alleged Incapacitated Person

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

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Signature of Guardian/Attorney

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Printed Name of Guardian/Attorney, WSBA/CPG#

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Address

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Telephone/Fax Number

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City, State, Zip Code

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Email Address